## Image# 29992227413 FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)								
Jared Polis								
(b) Address (number and stree	et)	Check if address changed				2. Identification Number		
P.O. Box 4659						H8CO02137		
(c) City, State and ZIP Code					3. Is This Statemer	nt X New		
Boulder	CC		80306			(14)	OR (A)	
4. Party Affiliation	5. Office Sough	nt		6. State & Dis		date		
DEMOCRATIC PARTY	House			CO 02	-			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7. I hereby designate the following named political committee as my Principal Campaign Committee for the election(s). (year of election)								
NOTE: This designation should be filed with the appropriate office listed in the instructions.								
(a) Name of Committee (in full)	)							
Friends of Jared Polis Committee								
(b) Address (number and stree	et)							
P.O. Box 4572								
(c) City, State and ZIP Code								
Boulder	CC	)	80	0306				
(Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.								
(a) Name of Committee (in full)								
Jared Polis Victory Fund								
(b) Address (number and stree	et)							
PO Box 1174								
(c) City, State and ZIP Code								
Springfield	VA	١	22	2151				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.								
Signature of Candidate					Date			
Jared Polis					06/15/2009			
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§437g.								
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FEC FORM 2 (REV. 02/2009)